

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2398

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To

(Payee)

PAID BY
Encl # 3
DPD-1697-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$13,494.85	

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$13,494.85

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 3-2-59

(Sign original only)

Amount verified; correct for

(Signature or initials) *EE*

\$13,494.85

Contract No. 66101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____ (Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040167-8

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THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WK DIRECT 2-08

DATE

59

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			Work Order	NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Mat.	Int.	Sub.	Account	M.I.O.	S.O.		
07 02 03 9				C9244 C9736	4728 4749		02 04		429 429				1	50 25 00 00 12501 3032 26								5008 500 1000 1000

FORM STL - 660

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ACCOUNTS PAYABLE

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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vender	GROSS	DISCOUNT	Tax	TR.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT		Class	CODE	Met.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order
06	02	03	9	R-2607	6101		02	05	1867			1	50	25	00	00	12501	5044	25	

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	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.	
13	02	05	9	105399	43924		02	06	474				1	50	25	00	00	12501	5068	22	50 50 50 50

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	Mo.	Day	Yr.				Mo.	Day						Mgr.	Int.	Sub.	Account	M.I.O.	S.O.	
99	02	12	9	33			15	99	3744			1	58	25	00	00	12501	3032	26	400 400 400

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	Mo.	Day	Yr.				Mo.	Day							May.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
99	02	12	9	33			15	99	3744				1	58	25	00	00	12501	3032	27		200-8 200-8 200-8

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	No.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.		Work Order
37	02	12	9	1595	551		02	20	208				1	50	25	00	00	12501	5044	02		16675 16675 16675

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BATCH	INVOICE	PURCHASE	CHECK	PAYMENT	Vender	GROSS	DISCOUNT	Tax	Cost	TR.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT			
											No.	Mo.	Day	Yr.	ORDER	NUMBER		DATE	Number	AMOUNT
25	02	10	9	2236	41809		02	12	579		1	50	25	00	00	12501	5044	11		6240 6240 6240***v

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BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vender	GROSS	DISCOUNT	Tax	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	DATE	Day	Number	AMOUNT		Class	TR.	Mej.	Int.	Sub.	Account	M.I.O.	S.O.	Work Order
18	02	09	9	401402B	2224		02	10	87			1	50	25	00	00	12501	5044	36	

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT			
	Mo.	Day	Yr.				Mo.	Day							Mej.	Int.	Sub.	Account	M.J.O.	S.O.		Work Order		
25	02	10	9	32930	44621		02	12	339				1	50	25	00	00	12501	5068	25		1500*		
																						1501**		
																						1501***		
																						1501****		
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